



1100428580

OBTS NUMBER		ARMED FORCES NO		BWC NO		COMPLAINT/ARREST AFFIDAVIT										POLICE CASE NO. 201900022981					
SPECIAL OPERATION: SP OP		<input checked="" type="checkbox"/> FELONY <input type="checkbox"/> WARRANT		<input type="checkbox"/> MISD		<input type="checkbox"/> TRAFFIC		<input type="checkbox"/> JUV		<input type="checkbox"/> DV		<input type="checkbox"/> MOVES		<input type="checkbox"/> CIV INF		JAIL NO.		PMHD NO		COURT CASE NO.	
FUGITIVE WARRANT: <input type="checkbox"/> In State <input type="checkbox"/> Out State		IDS NO.		AGENCY CODE 002		MUNICIPAL P.D. DEF. ID NO.		MDPD RECORDS AND ID NO.		STUDENT ID NO.		GANG RELATED NO		FRAUD RELATED NO							
DEFENDANT'S NAME (LAST, FIRST, MIDDLE) MCGREGOR, CONOR										ALIAS and / or STREET NAME										SIGNAL:	
DOB (MM/DD/YYYY) 07/14/1988		AGE 30	RACE W	SEX M	HISPANIC: NO ETHNICITY: ANG		HEIGHT 5'09	WEIGHT 160	HAIR COLOR BRO	HAIR LENGTH SHT	HAIR STYLE FAD	EYES BRO	GLASSES NO	FACIAL HAIR FUL	TEETH NOR						
SCARS, TATTOOS, UNIQUE PHYSICAL FEATURES (Location, Type, Description)													PLACE OF BIRTH (City, State/Country) IE								
LOCAL ADDRESS (Street, Apt. Number) 891 N VENETIAN DR										(City) MIAMI		(State) FL		(Country) US		(Zip) 33139		PHONE		CITIZENSHIP IE	
PERMANENT ADDRESS (Street, Apt. Number) 891 N VENETIAN DR										(City) MIAMI		(State) FL		(Country) US		(Zip) 33139		PHONE		OCCUPATION	
SCHOOL OR BUSINESS ADDRESS (Street, Apt. Number)										(City)		(State)		(Country)		(Zip)		PHONE		ADDRESS SOURCE VERBAL	
DRIVER'S LICENSE NUMBER/STATE				SOCIAL SECURITY NO.				WEAPON SEIZED NO				Defendant/CONCEALED WEAPON PERMIT NONE				INDICATION OF: Alcohol Influence: N Drug Influence: N					
ARREST DATE 03/11/2019			ARREST TIME 17:56			ARREST LOCATION 891 N VENETIAN DR MIAMI, FL 33139											GRID 1172				
CO-DEFENDANT NAME								DOB				<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> AT LARGE		<input type="checkbox"/> FELONY <input type="checkbox"/> DV		<input type="checkbox"/> JUVENILE <input type="checkbox"/> MISDEMEANOR					
CO-DEFENDANT NAME								DOB				<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> AT LARGE		<input type="checkbox"/> FELONY <input type="checkbox"/> DV		<input type="checkbox"/> JUVENILE <input type="checkbox"/> MISDEMEANOR					
CO-DEFENDANT NAME								DOB				<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> AT LARGE		<input type="checkbox"/> FELONY <input type="checkbox"/> DV		<input type="checkbox"/> JUVENILE <input type="checkbox"/> MISDEMEANOR					
JUV only	Relation	Name	Street										Zip		Phone		Contacted?				
CHARGES				CHARGE AS:	CNTS	FL STATUTE NUMBER		VIOL OF SECT.		CODE OF	UCR	DV	WARRANT TYPE OR TRAFFIC CITATION								
1. F/2-ROBBERY/STRONGARM				F.S.	1	812.13(2)(C)					00031200	N									
2. F/3-CRIMINAL MISCHIEF/\$1,000 OR MORE				F.S.	1	806.13(1)(B)3					00222900	N									
3.																					
4.																					
The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law: On the 11 day of MARCH, 2019, at 05:20 at 4441 COLLINS AVE. MIAMI BEACH, FL. 33140 THE VICTIM AND THE DEFENDANT WERE EXITING THE FONTAINEBLEAU HOTEL AND THE VICTIM ATTEMPTED TO TAKE A PICTURE OF THE DEFENDANT WITH HIS CELL PHONE. THE DEFENDANT SLAPPED THE VICTIM'S PHONE OUT OF HIS HAND, CAUSING IT TO FALL TO THE FLOOR. THE DEFENDANT THEN STOMPED ON THE VICTIM'S PHONE SEVERAL TIMES, DAMAGING IT. THE DEFENDANT THEN PICKED UP THE VICTIM'S PHONE AND WALKED AWAY WITH IT, DEPRIVING HIM OF IT. VICTIM STATED THE PHONE WAS VALUED AT \$1,000. THE DEFENDANT WAS LOCATED AND ARRESTED.																					
HOLD FOR OTHER AGENCY VERIFIED BY				<input type="checkbox"/> HOLD FOR BOND HEARING. DO NOT BOND OUT (Officer Must Appear at Bond Hearing).				<input type="checkbox"/> I Understand that should I willfully fail to appear before the court as required by this notice to appear that I may be held in contempt of court and a warrant for my arrest shall be issued. Furthermore, I agree that notice concerning the time, date and place of all court hearings should be sent to the above address. I agree that it is my responsibility to notify Clerk of the Court (Juveniles notify Juvenile Division) anytime that my address changes. <input type="checkbox"/> You need not appear in court, but must comply with the instructions on the reverse side hereof.													
I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT. LANIER, R: Court ID: 002-00676				SWORN TO AND SUBSCRIBED BEFORE ME, THE UNDERSIGNED AUTHORITY THIS 11 DAY OF MARCH, 2019 LOZANO, A: Court ID: 002-00956																	

COMPLAINT/ARREST AFFIDAVIT - COURT COPY

Officer Information

1.LEAD	BWC?	Evid?	Dist	ID No.	Phone	Shift
LANIER, ROBERT	NO	NO	002	00676	(305) 548-5765 (CELL)	1 DAYS
DUI ONLY: <input type="checkbox"/> (W) <input type="checkbox"/> (RS) <input type="checkbox"/> (B) <input type="checkbox"/> (M) <input type="checkbox"/> (MW) <input type="checkbox"/> (IC) <input type="checkbox"/> (ICW) <input type="checkbox"/> (BAFF) <input type="checkbox"/> (BAFFW) <input type="checkbox"/> (DRE) <input type="checkbox"/> (20MINOBS)						
2.TRANSPORTING	BWC?	Evid?	Dist	ID No.	Phone	Shift
CELESTRE, FRANK	NO	NO	002/00000	00031	(954) 980-3906 (CELL)	2 NOONS
DUI ONLY: <input type="checkbox"/> (W) <input type="checkbox"/> (RS) <input type="checkbox"/> (B) <input type="checkbox"/> (M) <input type="checkbox"/> (MW) <input type="checkbox"/> (IC) <input type="checkbox"/> (ICW) <input type="checkbox"/> (BAFF) <input type="checkbox"/> (BAFFW) <input type="checkbox"/> (DRE) <input type="checkbox"/> (20MINOBS)						

Involved Persons

<input checked="" type="checkbox"/> VICTIM	<input type="checkbox"/> WITNESS	<input type="checkbox"/> OWNER	<input type="checkbox"/> DCF Contacted	RELATIONSHIP: VICTIM		
Last Name	First	Middle	Race	Sex	Date Of Birth	
ABDIRZAK	AHMED		B	M	05/12/1996	
HOME ADDRESS (Street, Apt. Number)			(City)	(State)	(Country)	(Zip)
150 SPACKMANS WAY SLOUGH			ENGLAND	YY	EN	
PHONE			CELL PHONE		PAGER	
OTHER ADDRESS (Street, Apt. Number)			(City)	(State)	(Country)	(Zip)
150 SPACKMANS WAY SLOUGH			ENGLAND	YY	EN	
ALT PHONE			WORK PHONE			
ADDRESS SOURCE: VERBAL DL # EMAIL:						
Synopsis of Testimony: VICTIM						

Transporting Officer(s)¹CELESTRE, FRANK

ID#:00031

Dept#:002/00000

Taken To:TGK

Does defendant have any signs/complains of injury? NO

Defendants Vehicle

YEAR MAKE MODEL TAG STATE VIN COLOR

OWNER/DESIGNEE RELEASE FORM & DISCLAIMER OF LIABILITY

Owner/Driver/Designee (O/D/D must read and sign disclaimer of liability if vehicle is left at scene, or removed, or released to O/D/D at scene.

Released To: (Print Name-Signature)

Drivers Lic: State

Left on Scene?

The undersigned certifies that he/she is the legal owner/driver/designee of the vehicle described above. In consideration of being permitted to leave the vehicle mentioned at the location, or removed, or released, the undersigned hereby releases and discharges Miami-Dade County and all of its agents and employees for any damage to, or damage caused, theft of, or theft from, the vehicle described above.

Signature of Owner/Driver/Designee:

Signature of Officer Witnessing: ID# (Print Name-Signature)

IF YOUR VEHICLE IS PARKED MORE THAN 48 HOURS, IT IS SUBJECT TO BE REMOVED